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Bib Data Sheet

CONFIRMATION NO. 9042

|                                    |   |                                       |  |  |
|------------------------------------|---|---------------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>09/751,891 | <b>FILING DATE</b><br>12/29/2000<br><b>RULE</b> | <b>CLASS</b><br><del>378</del><br>250 | <b>GROUP ART UNIT</b><br><del>2876</del><br>2878 | <b>ATTORNEY DOCKET NO.</b><br>15-CT-5607 |
|------------------------------------|---|---------------------------------------|--|--|

**APPLICANTS**

David M. Hoffman, New Berlin, WI;

**\*\* CONTINUING DATA \*\***

NONE C.S.

**\*\* FOREIGN APPLICATIONS \*\***

NONE C.S.

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 05/25/2001**

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>WI | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>29 | <b>INDEPENDENT CLAIMS</b><br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                               |                            |                           |                                |

**ADDRESS**

John S. Beulick  
Armstrong Teasdale LLP  
Suite 2600  
One Metropolitan Square  
St. Louis ,MO 63102-2740

**TITLE**

Reduced complexity interconnect for two dimensional multislice detectors

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1162 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                    |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                    |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                    |   | <input type="checkbox"/> Other _____                           |
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